

# *Louisiana State Board of Medical Examiners*

630 Camp Street, New Orleans, LA 70130

(504) 568-6820

[www.lsbme.org](http://www.lsbme.org)



## *Graduate Educational Temporary Permit*

*Issue Date:* \_\_\_\_\_

*This temporary permit is granted to*

\_\_\_\_\_

*for the purpose of entering a residency program at* \_\_\_\_\_

*in* \_\_\_\_\_, *Louisiana, Department of* \_\_\_\_\_

*for the period* \_\_\_\_\_ *until* \_\_\_\_\_

\_\_\_\_\_  
*Licensing Analyst Supervisor*

*Board Seal*